



www.lexingtonva.gov

Planning & Development Department

P.O. Box 922

300 East Washington Street

Lexington, Virginia 24450

Phone: (540) 462-3704 Fax: (540) 463-5310

APPLICATION FOR ZONING ORDINANCE AMENDMENT

Applicant¹

Name: _____ Phone: _____

Company: _____ Fax: _____

Address: _____ Email: _____

Applicant's Signature: _____ Date: _____

Proposal Information²

Code Section(s) to be Amended³: _____

Proposed Text/Amendment (attach additional sheets if necessary): _____

1. Prior to submitting an application, the applicant is required to meet with staff for a pre-application meeting.
2. Any application deemed incomplete by staff will not be accepted.
3. If the amendment proposes to replace existing text, please provide a full copy of the existing text for the affected section.

THIS SECTION TO BE COMPLETED BY STAFF ONLY

Application Fee: **\$300** Amount Paid: _____ Case Number: ZOA- _____ - _____

Date Received: _____ Received By: _____

Public Hearings

Planning Commission

City Council

Legal Ad Dates: _____ Legal Ad Dates: _____

Public Hearing Date: _____ Public Hearing Date: _____

Action: _____ Action: _____